

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004066

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

489

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. LUKE'S

Length of stay in 1b

2 days

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL.

b. COUNTY

JERSEY

c. CITY

OR

JERSEYVILLE

d. STREET

(If outside, give location)

813 W. EXCHANGE

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
ALFRED CHRISTIAN SACKMAN4. DATE
OF
DEATHMonth Day Year
JAN. 15 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-7-1920

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Cartridge Plant

11. BIRTHPLACE (City and state or country)

Calhoun Co. Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALBERT F. SACKMAN

13b. MOTHER'S MAIDEN NAME

CLARA F. FIEDLER

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) If yes, give war or dates of

WW2

16. SOCIAL SECURITY NO.

17. INFORMANT

Clara Sackman Jerseyville, Ill.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage, spontaneous intracerebral
& intraventricular, basilar, RightINTERVAL BETWEEN
ONSET AND DEATH

Approx. 3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary artery disease, with occlusion

1 1/2 yrs

DUE TO (c)

Cardiac failure sec to 1

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

420.1

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE. HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY-TOWN; OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-14-63 to 1-15-63 and last saw him alive on 1-14-63
Death occurred at 6:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Dr. E. Roehner M.D.

22b. ADDRESS

3720 Washington Ave St Louis

22c. DATE SIGNED

1/16/63

23a. PLACE OF CREMATION,
REMOVAL (Specify)

23b. DATE

1-18-63

23c. NAME OF CEMETERY OR CREMATORY

St. Francis Xavier

23d. LOCATION (City, town, or county)

Jerseyville, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ill.
Jacoby Bros. Funeral Home Jerseyville,

25. DATE RECD. BY LOCAL REG.

JAN 16 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATE
BY AFFIDAVIT OFUSE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

8120.71

4 0

5 0

6

7 1

8 1

9

10

11

12 81-0

13

81

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis Trakoff

Licensed Embalmer No. 4356

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.